

Cypress Springs Panthers Little Girls Volleyball Camp

*For all upcoming 6th – 9th grade girls
Zoned to Cypress Springs High School*

Date: Monday, July 23th – Wednesday, July 25th 2018

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|--|--------------------|----------|
| Session Times & Costs (Includes t-shirt) \$25.00 | | |
| Monday – Wednesday | 8:00 am – 10:00 am | Aux. Gym |

Where: Cy Springs Aux. Gym

What to wear: knee pads, athletic shoes, and athletic clothing

What to bring: Current physical, the permission slip on the back, water, snack, & cash only (no checks or money orders please)

If you have any questions, please contact

ALYSSA GERBICH

Head Volleyball Coach

alyssa.gerbich@cfisd.net or (281) 345-3000 ext. 3190 (Athletic office)

*Please submit registration form to the Cypress Springs Athletic office
or training room as soon as possible*

Please provide a parent/guardian number we can reach during Volleyball Camp Hours
Reversed side MUST be completely filled out and signed before camp begins

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CYPRESS-FAIRBANKS INDEPENDENT SCHOOL DISTRICT PARENT OR GUARDIAN ATHLETIC PARTICIPATION CONSENT FORM

STUDENT'S NAME: _____

TSHIRT SIZE: _____ GRADE: _____

Middle School Attended: _____

(9th GRADERS ONLY) Did you play in middle school: _____ if yes, what team? _____

Club Experience: _____

CAMPUS: CYPRESS SPRINGS HS

I hereby give my consent for the above named student to participate in school athletics including various athletic practices, competitions and camps. I understand it is my responsibility to provide health insurance coverage for this student. I further understand CFISD is not liable for any injuries resulting from participation in school athletics. If in the judgment of any representative of the school, this student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital or school representative.

DATE: _____

NAME OF PARENT OR GUARDIAN: _____

SIGNATURE OF PARENT/GUARDIAN: _____

STREET ADDRESS: _____

CITY, STATE AND ZIP: _____

EMERGENCY PHONE NUMBER: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____

RELATIONSHIP TO ATHLETE: _____